

# Healthcare Information Resource Center

## Datafile Documentation for Primary Care Utilization Report of Primary Care Clinics

For Calendar Year

**1997**

# **Annual Utilization Report of Primary Care Clinics 1997**

## **TABLE OF CONTENTS**

General Information and Changes from Prior Year .....	1
Importing Data Files .....	1
Specifications and Field Description Table Layout.....	2
Data File Specifications and Field Descriptions Information for Data File One (clin97p1.txt) .....	3
Data File Specifications and Field Descriptions Information for Data File Two (clin97p2.txt).....	9
List of Codes for California Counties.....	Appendix A
<i>1997 Annual Utilization Report of Primary Care Clinics</i> Sample Form.....	Appendix B

# **Annual Utilization Report of Primary Care Clinics 1997**

## **GENERAL INFORMATION**

The Office of Statewide Health Planning and Development (OSHDP) annually produces these files of data collected *via* the *Annual Utilization Report of Primary Care Clinics*. The data files include utilization information from reports filed by California's licensed Primary Care Clinics (licensed as Community or Free Clinics). OSHDP staff reviews each report for correctness and completeness. OSHDP contacts clinic staff when data reported appear incomplete or do not conform to established edits. If necessary, corrections are made to the data in consultation with the clinic staff. Once the review process for all reports has been completed, the database is closed and made available to the public. These data files contain data from the 1997 calendar year: January 1, 1997 through December 31, 1997.

This documentation includes descriptions of each data element (field). It may also be helpful to review the *Annual Utilization Report of Primary Care Clinics* - 1997 reporting form. A copy of the form in PDF file format is included in Appendix B. Users can also view or download a copy of the reporting form instructions by accessing the OSHDP website or clicking this link:

<http://www.oshpd.state.ca.us/hid/infores/clinic/util/index.htm>

Due to the large number of data items, the data are separated into two files. **Data File One** (clin97p1.txt) contains basic clinic identification information and the data items from the *Annual Utilization Report of Primary Care Clinics*, pages 0 through 6. **Data File Two** (clin97p2.txt) contains the data items from report pages 7 through 10.

### **Number of Clinics and Data File Changes from Prior Year**

There are 675 clinics included in the data files. Each line (row) represents one clinic. There are 455 data fields (columns) that are spread over the two data files.

### **Importing Data Files**

Each data file is in a comma-delimited text (TXT) format for use in spreadsheet and database applications.

Most spreadsheet or database programs require that you import files through their import feature. We suggest that you review your software's import features before you double-click the TXT files in this package. (Double-clicking a TXT file with Windows Explorer, for example, will only result in Wordpad or Notepad automatically opening the file. TXT files must be imported into your application). If you are having difficulties processing the TXT file format, please review the Readme.txt guide that is included in this package. If you continue to have problems, please contact the Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHDP staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

The user may want to consider particular formats for the following fields during the import process:

<u>Page Line Column</u>	<u>Field Name</u>	<u>Format Consideration</u>
OSHDPD_ID	OSHDPD_ID	Use the same format in both data files
COUNTY	COUNTY	Leading zeros of 2-digit county codes
HSA	HSA	Leading zeros, 2-digit health service area codes
HFPA	HFPA	Leading zeros, hlth. fac. planning area codes
P000103	RPT_STATUS	Leading zeros of status codes
P020101	BEG_DATE	Dates
P020102	END_DATE	Dates

### **Header Rows**

The first two rows in each data file are header rows containing field titles. The first row contains abbreviated English field descriptions. The second row displays field names that include the respective input document coordinates from the *Annual Utilization Report of Primary Care Clinics*, by page, line and column number. For example, the total number of clinic “Patients” is reported on page 2, line 19, column 1. In the second header row, the field name is P021901. (Field names for all reported data begin with a constant “P”). Note- the inclusion of two header rows is useful, however, users should use care when doing sorts that automatically include both header rows. Also, some titles in the first header row may need to be shortened as some software have limitations of 8 characters for field names.

### **Data File Documentation Description and Specifications Layout**

#### **Spreadsheet Columns**

Indicates the column in which the data item is located if the file is imported into a spreadsheet. The columns are in alphabetical order.

#### **Page, Line, & Column**

This item represents the data field’s coordinates by report page, line, and column in the the *Annual Utilization Report of Primary Care Clinics* input document.

#### **Field Name**

This lists the English abbreviated name for each field.

#### **Field Description and Code Definitions**

This field provides more information about the data item and will include a brief description or list of any codes or numbers that may affect the data item.

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

Sprdsht	Page, Line, &		
Columns	Column No.	Field Name	Field Descriptions and Code Definitions
<b>DATA FILE 1</b>			
<b>A</b>	OSHPD_ID	OSHPD_ID	OSHPD Facility Number (9 digits)
<b>B</b>	COUNTY	COUNTY	County Number (See Appendix A)
<b>C</b>	PERMID	PERM_ID	OSHPD Permanent ID Number (5 digit number, OSHPD processes)
<b>D</b>	LICTYPE	LIC_TYPE	LFS License Type: 1 = Community Clinic 2 = Free Clinic
<b>E</b>	LICDATE	LIC_DATE	LFS First Licensed Date (CCYYMMDD)
<b>F</b>	LSTAT	LIC_STATUS_CODE	Status of clinics license: C=closed; S=suspense; [blank]=routine operation
<b>G</b>	LSTATDT	LIC_STATUS_DATE	Date of status of clinic license (CCYYMMDD)
<b>H</b>	OSTAT	RE-OPEN_CLIN_STATUS	Re-opened clin. & lic. code O=re-opened after suspense or closure
<b>I</b>	OSTATDT	RE-OPEN_CLIN_STATUS_DATE	Date clinic re-opened after suspense or closure
<b>J</b>	DBAName	FAC_NAME	Facility Name DBA (on12/31)
<b>K</b>	DBAAddr	ADDRESS	Address (DBA)
<b>L</b>	DBACity	CITY	City (DBA)
<b>M</b>	DBAZip	ZIP_CODE	Zip Code (DBA)
<b>N</b>	MLAttn	MAIL_ATTN	Attention (Mailing Address)
<b>O</b>	MLAddr	MAIL_ADD	Address (Mailing Address)
<b>P</b>	MLCity	MAIL_CITY	City (Mailing Address)
<b>Q</b>	MLState	MAIL_STATE	State (Mailing Address)
<b>R</b>	MLZIP	MAIL_ZIP	Zip Code (Mailing Address)
<b>S</b>	HSA	HSA	Health Service Area Codes: 01-14
<b>T</b>	HFA	HFA	Health Facility Planning Area 0101-1424
<b>U</b>	COMPSTAT	COMP_STATUS	<p><b>Computed Status Code</b></p> <p><u>Code</u>    <u>Computed Status</u></p> <p>C        Closed during current calendar year</p> <p>K        Consolidated during current calendar year</p> <p>NO       New (licensed this calendar year), Operating in 12/31</p> <p>NS       New (licensed this calendar year), in Suspense on 12/31</p> <p>NC       New (licensed this calendar year), Closed on 12/31</p> <p>NSM      New (licensed this calendar year), in Suspense during the year, operating on 12/31</p> <p>OA       Operating all year</p> <p>SA       In suspense all year</p> <p>SB       In suspense on January 1, Operating on December 31</p> <p>SE       Operating on January 1, in Suspense on December 31</p> <p>SM       Operating on 1/1 &amp; 12/31, in Suspense for a period during the year</p> <p>SBE      In suspense on 1/1 &amp; 12/31, Operating for a period during the year</p>

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

Sprdsht	Page, Line, &		
Columns	Column No.	Field Name	Field Descriptions and Code Definitions
V	P000103	RPT_STATUS	<b>Report Status (combines facility licensure status &amp; Annual Report status)</b>  <u>Code</u> <u>Report/License Status</u> 01   License in suspense all year; no report required 02   License in suspense, data reported 03   License in suspense, non-responder 04   Clinic closed, data reported 05   Clinic closed, non-responder 06   Licensed, but not in operation 07   Clinic open, data reported 08   Clinic open, non responder 09   Clinic open, partial year data reported (change of ownership) 10   Clinic open, report a combination of data from 2 (or more) owners 11   Closed, data unavailable 12   New; first licensed in this year, data reported 13   New; first licensed in this year, non-responder 14   Clinic open, operating on 1/1 & 12/31, in suspense for a period during year, data reported 15   Clinic open, operating on 1/1/ & 12/31, in suspense for a period during year, non-responder
W	PHONE	PHONE	Phone Number
X	P020101	BEG_DATE	Dates of Operation: From (CCYYMMDD)
Y	P020102	END_DATE	Dates of Operation: Through (CCYYMMDD)
Z	P021901	PT_TOT	Total number of Patients (unduplicated)
AA	P021902	GRAND_TOT_ENCINTR	Grand total, Encounters of patient and provider
AB	P022001	PT_FMWKR-BASED	Patients who are Farmworkers or Dependents of fmwrkrs
AC	P022002	ENCINTR_FMWKR-BASED	Encounters of Farmworkers and/or Dependents
AD	P022101	VOLUNTEERS USED	The number of volunteers used during calendar year
AE	P022201	CLIN_CATEG_95-210	Clinic, category 95-210 (1=yes)
AF	P022301	CLIN_CATEG_FQHC	Clinic, category FQHC (1=yes)
AG	P022401	CLIN_CATEG_FQHC-LOOK	Clinic, category FQHC "LOOK ALIKE" (1=yes)
AH	P022501	SCHOOL SVCS	Provided medical support services to a school system (1=yes)
AI	P022601	ARRANGED HEALTH SERCICES	Had a written agreement with agency to provide or arrange health services (1=yes)
AJ	P030201	EQUIP_DIAGN_VALUE	Diagnostic/Therapeutic Equip, value
AK	P030202	EQUIP_DIAGN_OSHPD_NO	Diagnostic/Therapeutic Equip, OSHPD project number
AL	P030204	EQUIP_DIAGN_ACQUI_MEANS	Diagnostic/Therapeutic Equip, means of acquisition
AM	P032101	TOTAL CAP_EXPEN_1_VALUE	Capital expenditure, 1, value
AN	P032102	TOTAL CAP_1_OSHPD_NO	Capital expenditure, 1, OSHPD number
AO	P032201	TOTAL CAP_EXPEN_2_VALUE	Capital expenditure, 2, value
AP	P032202	TOTAL CAP_2_OSHPD_NO	Capital expenditure, 2, OSHPD number
AQ	P032301	PHYSN_FTE	Physicians, fulltime equivalent
AR	P032401	PHYSN_ASST_FTE	Physician Assistants, fulltime equivalent
AS	P032501	NUR_FAM_PRACT_FTE	Family Nurse Practitioners, fulltime equivalent
AT	P032601	MIDWIV_FTE	Certified Nurse Midwives, fulltime equivalent
AU	P032701	NUR_HH-VISIT_FTE	Home Health Nurses or Visiting Nurses, fulltime equivalent

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>AV</b>	P032801	DENTIST_FTE	Dentists, fulltime equivalent
<b>AW</b>	P040101	GEN_MED_DR_>=20	General Med, Encounter by Physician Provdr, 20 years and over
<b>AX</b>	P040102	GEN_MED_MID_>=20	General Med, Encounter by Mid-level Provdr, 20 years and over
<b>AY</b>	P040103	GEN_MED_OTH_>=20	General Med, Encounter by Other Provdr, 20 years and over
<b>AZ</b>	P040201	GEN_MED_DR_13-19	General Med, Encounter by Physician Provdr, 13 - 19 years
<b>BA</b>	P040202	GEN_MED_MID_13-19	General Med, Encounter by Mid-level Provdr, 13 - 19 years
<b>BB</b>	P040203	GEN_MED_OTH_13-19	General Med, Encounter by Other Provdr, 13 - 19 years
<b>BC</b>	P040301	GEN_MED_DR_0-12	General Med, Encounter by Physician Provdr, 0 - 12 years
<b>BD</b>	P040302	GEN_MED_MID_0-12	General Med, Encounter by Mid-level Provdr, 0 - 12 years
<b>BE</b>	P040303	GEN_MED_OTH_0-12	General Med, Encounter by Other Provdr, 0 - 12 years
<b>BF</b>	P040401	PERINATAL_PREVENT_DR_>=20	Perinatal, Prevent Encounter by Physician Provdr, 20 years and over
<b>BG</b>	P040402	PERINATAL_PREVENT_MID_>=20	Perinatal, Prevent Encounter by Mid-level Provdr, 20 years and over
<b>BH</b>	P040403	PERINATAL_PREVENT_OTH_>=20	Perinatal, Prevent Encounter by Other Provdr, 20 years and over
<b>BI</b>	P040404	PERINATAL_PREVENT_DENT_>=20	Perinatal, Prevent Encounter by Dental Provdr, 20 years and over
<b>BJ</b>	P040501	PUBL_HLTH_DR_>=20	Public Hlth, Prevent Encounter by Physician Provdr, 20 years and over
<b>BK</b>	P040502	PUBL_HLTH_MID_>=20	Public Hlth, Prevent Encounter by Mid-level Provdr, 20 years and over
<b>BL</b>	P040503	PUBL_HLTH_OTH_>=20	Public Hlth, Prevent Encounter by Other Provdr, 20 years and over
<b>BM</b>	P040504	PUBL_HLTH_DENT_>=20	Public Hlth, Prevent Encounter by Dental Provdr, 20 years and over
<b>BN</b>	P040601	OTH_PREVENT_DR_>=20	Other Prevent Encounter by Physician Provdr, 20 years and over
<b>BO</b>	P040602	OTH_PREVENT_MID_>=20	Other Prevent Encounter by Mid-level Provdr, 20 years and over
<b>BP</b>	P040603	OTH_PREVENT_OTH_>=20	Other Prevent Encounter by Other Provdr, 20 years and over
<b>BQ</b>	P040604	OTH_PREVENT_DENT_>=20	Other Prevent Encounter by Dental Provdr, 20 years and over
<b>BR</b>	P040701	PERINATAL_PREVENT_DR_13-19	Perinatal, Prevent Encounter by Physician Provdr, 13 - 19 years
<b>BS</b>	P040702	PERINATAL_PREVENT_MID_13-19	Perinatal, Prevent Encounter by Mid-level Provdr, 13 - 19 years
<b>BT</b>	P040703	PERINATAL_PREVENT_OTH_13-19	Perinatal, Prevent Encounter by Other Provdr, 13 - 19 years
<b>BU</b>	P040704	PERINATAL_PREVENT_DENT_13-19	Perinatal, Prevent Encounter by Dental Provdr, 13 - 19 years
<b>BV</b>	P040801	PUBL_HLTH_DR_13-19	Public Hlth, Prevent Encounter by Physician Provdr, 13 - 19 years
<b>BW</b>	P040802	PUBL_HLTH_MID_13-19	Public Hlth, Prevent Encounter by Mid-level Provdr, 13 - 19 years
<b>BX</b>	P040803	PUBL_HLTH_OTH_13-19	Public Hlth, Prevent Encounter by Other Provdr, 13 - 19 years
<b>BY</b>	P040804	PUBL_HLTH_DENT_13-19	Public Hlth, Prevent Encounter by Dental Provdr, 13 - 19 years
<b>BZ</b>	P040901	OTH_PREVENT_DR_13-19	Other Prevent Encounter by Physician Provdr, 13 - 19 years
<b>CA</b>	P040902	OTH_PREVENT_MID_13-19	Other Prevent Encounter by Mid-level Provdr, 13 - 19 years
<b>CB</b>	P040903	OTH_PREVENT_OTH_13-19	Other Prevent Encounter by Other Provdr, 13 - 19 years
<b>CC</b>	P040904	OTH_PREVENT_DENT_13-19	Other Prevent Encounter by Dental Provdr, 13 - 19 years
<b>CD</b>	P041001	PERINATAL_PREVENT_DR_0-12	Perinatal, Prevent Encounter by Physician Provdr, 0 - 12 years
<b>CE</b>	P041002	PERINATAL_PREVENT_MID_0-12	Perinatal, Prevent Encounter by Mid-level Provdr, 0 - 12 years
<b>CF</b>	P041003	PERINATAL_PREVENT_OTH_0-12	Perinatal, Prevent Encounter by Other Provdr, 0 - 12 years
<b>CG</b>	P041004	PERINATAL_PREVENT_DENT_0-12	Perinatal, Prevent Encounter by Dental Provdr, 0 - 12 years
<b>CH</b>	P041101	PUBL_HLTH_DR_0-12	Public Hlth, Prevent Encounter by Physician Provdr, 0 - 12 years
<b>CI</b>	P041102	PUBL_HLTH_MID_0-12	Public Hlth, Prevent Encounter by Mid-level Provdr, 0 - 12 years
<b>CJ</b>	P041103	PUBL_HLTH_OTH_0-12	Public Hlth, Prevent Encounter by Other Provdr, 0 - 12 years
<b>CK</b>	P041104	PUBL_HLTH_DENT_0-12	Public Hlth, Prevent Encounter by Dental Provdr, 0 - 12 years
<b>CL</b>	P041201	OTH_PREVENT_DR_0-12	Other Prevent Encounter by Physician Provdr, 0 - 12 years
<b>CM</b>	P041202	OTH_PREVENT_MID_0-12	Other Prevent Encounter by Mid-level Provdr, 0 - 12 years

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>CN</b>	P041203	OTH_PREVENT_OTH_0-12	Other Prevent Encounter by Other Provdr, 0 - 12 years
<b>CO</b>	P041204	OTH_PREVENT_DENT_0-12	Other Prevent Encounter by Dental Provdr, 0 - 12 years
<b>CP</b>	P041301	FAM_PLN_DR_>=20	Family Plan (incl vasect) Encounter by Physician Provdr, 20 years and over
<b>CQ</b>	P041302	FAM_PLN_MID_>=20	Family Plan (incl vasect) Encounter by Mid-level Provdr, 20 years and over
<b>CR</b>	P041303	FAM_PLN_OTH_>=20	Family Plan (incl vasect) Encounter by Other Provdr, 20 years and over
<b>CS</b>	P041401	FAM_PLN_DR_13-19	Family Plan (incl vasect) Encounter by Physician Provdr, 13 - 19 years
<b>CT</b>	P041402	FAM_PLN_MID_13-19	Family Plan (incl vasect) Encounter by Mid-level Provdr, 13 - 19 years
<b>CU</b>	P041403	FAM_PLN_OTH_13-19	Family Plan (incl vasect) Encounter by Other Provdr, 13 - 19 years
<b>CV</b>	P041501	FAM_PLN_DR_0-12	Family Plan (incl vasect) Encounter by Physician Provdr, 0 - 12 years
<b>CW</b>	P041502	FAM_PLN_MID_0-12	Family Plan (incl vasect) Encounter by Mid-level Provdr, 0 - 12 years
<b>CX</b>	P041503	FAM_PLN_OTH_0-12	Family Plan (incl vasect) Encounter by Other Provdr, 0 - 12 years
<b>CY</b>	P041901	STD-NO_HIV_DR_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 20 years and over
<b>CZ</b>	P041902	STD-NO_HIV_MID_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 20 years and over
<b>DA</b>	P041903	STD-NO_HIV_OTH_>=20	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 20 years and over
<b>DB</b>	P042001	STD-NO_HIV_DR_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 13 - 19 years
<b>DC</b>	P042002	STD-NO_HIV_MID_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 13 - 19 years
<b>DD</b>	P042003	STD-NO_HIV_OTH_13-19	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 13 - 19 years
<b>DE</b>	P042101	STD-NO_HIV_DR_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Physician Provdr, 0 - 12 years
<b>DF</b>	P042102	STD-NO_HIV_MID_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Mid-level Provdr, 0 - 12 years
<b>DG</b>	P042103	STD-NO_HIV_OTH_0-12	Sexually Transm Dis (Excl. HIV) Encounter by Other Provdr, 0 - 12 years
<b>DH</b>	P046001	SUB_TOT-A_ENCENR_DR_1	Encounter by Physician Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCENR_DR)
<b>DI</b>	P046002	SUB_TOT-A_ENCENR_MID_1	Encounter by Mid-level Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCENR_MID)
<b>DJ</b>	P046003	SUB_TOT-A_ENCENR_OTH_1	Encounter by Other Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCENR_OTH)
<b>DK</b>	P046004	SUB_TOT-A_ENCENR_DENT_1	Encounter by Dental Provdr., subtotal A (added to grand total see: TOT_A-B-C_ENCENR_DENT)
<b>DL</b>	P052201	PRENATAL_DR_>=20	Prenatal Encounter by Physician Provdr, Total 20 years and over
<b>DM</b>	P052202	PRENATAL_MID_>=20	Prenatal Encounter by Mid-level Provdr, Total 20 years and over
<b>DN</b>	P052203	PRENATAL_OTH_>=20	Prenatal Encounter by Other Provdr, Total 20 years and over
<b>DO</b>	P052204	PRENATAL_DENT_>=20	Prenatal Encounter by Dental, Total 20 years and over
<b>DP</b>	P052301	BIRTHS_DR_TOT_>=20	Live Births Encounter by Physician Provdr, Total 20 years and over
<b>DQ</b>	P052302	BIRTHS_MID_TOT_>=20	Live Births Encounter by Mid-level Provdr, Total 20 years and over
<b>DR</b>	P052303	BIRTHS_OTH_TOT_>=20	Live Births Encounter by Other Provdr, Total 20 years and over
<b>DS</b>	P052401	BIRTHS_1.5-2.5KG_DR_>=20	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr 20 years and over
<b>DT</b>	P052402	BIRTHS_1.5-2.5KG_MID_>=20	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr 20 years and over
<b>DU</b>	P052403	BIRTHS_1.5-2.5KG_OTH_>=20	Live Births w/weight 1500-2500 grams Encounter by Other Provdr 20 years and over
<b>DV</b>	P052501	BIRTHS_<1.5KG_DR_>=20	Live Births w/weight under 1500 grams Encounter by Physician Provdr 20 years and over
<b>DW</b>	P052502	BIRTHS_<1.5KG_MID_>=20	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr 20 years and over
<b>DX</b>	P052503	BIRTHS_<1.5KG_OTH_>=20	Live Births w/weight under 1500 grams Encounter by Other Provdr 20 years and over
<b>DY</b>	P052601	PRENATAL_DR_13-19	Prenatal Encounter by Physician Provdr, 13 - 19 years
<b>DZ</b>	P052602	PRENATAL_MID_13-19	Prenatal Encounter by Mid-level Provdr, 13 - 19 years
<b>EA</b>	P052603	PRENATAL_OTH_13-19	Prenatal Encounter by Other Provdr, 13 - 19 years
<b>EB</b>	P052604	PRENATAL_DENT_13-19	Prenatal Encounter by Dental Provdr, 13 - 19 years
<b>EC</b>	P052701	BIRTHS_DR_TOT_13-19	Live Births Encounter by Physician Provdr, Total 13 - 19 years
<b>ED</b>	P052702	BIRTHS_MID_TOT_13-19	Live Births Encounter by Mid-level Provdr, Total 13 - 19 years
<b>EE</b>	P052703	BIRTHS_OTH_TOT_13-19	Live Births Encounter by Other Provdr, Total 13 - 19 years



**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>EF</b>	P052801	BIRTHS_1.5-2.5KG_DR_13-19	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr , 13 - 19 years
<b>EG</b>	P052802	BIRTHS_1.5-2.5KG_MID_13-19	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr , 13 - 19 years
<b>EH</b>	P052803	BIRTHS_1.5-2.5KG_OTH_13-19	Live Births w/weight 1500-2500 grams Encounter by Other Provdr , 13 - 19 years
<b>EI</b>	P052901	BIRTHS_<1.5KG_DR_13-19	Live Births w/weight under 1500 grams Encounter by Physician Provdr , 13 - 19 years
<b>EJ</b>	P052902	BIRTHS_<1.5KG_MID_13-19	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr , 13 - 19 years
<b>EK</b>	P052903	BIRTHS_<1.5KG_OTH_13-19	Live Births w/weight under 1500 grams Encounter by Other Provdr , 13 - 19 years
<b>EL</b>	P053001	PRENATAL_DR_0-12	Prenatal Encounter by Physician Provdr, 0 - 12 years
<b>EM</b>	P053002	PRENATAL_MID_0-12	Prenatal Encounter by Mid-level Provdr, 0 - 12 years
<b>EN</b>	P053003	PRENATAL_OTH_0-12	Prenatal Encounter by Other Provdr, 0 - 12 years
<b>EO</b>	P053004	PRENATAL_DENT_0-12	Prenatal Encounter by Dental Provdr, 0 - 12 years
<b>EP</b>	P053101	BIRTHS_DR_TOT_0-12	Live Births Encounter by Physician Provdr, Total 0 - 12 years
<b>EQ</b>	P053102	BIRTHS_MID_TOT_0-12	Live Births Encounter by Mid-level Provdr, Total 0 - 12 years
<b>ER</b>	P053103	BIRTHS_OTH_TOT_0-12	Live Births Encounter by Other Provdr, Total 0 - 12 years
<b>ES</b>	P053201	BIRTHS_1.5-2.5KG_DR_0-12	Live Births w/weight 1500-2500 grams Encounter by Physician Provdr , 0 - 12 years
<b>ET</b>	P053202	BIRTHS_1.5-2.5KG_MID_0-12	Live Births w/weight 1500-2500 grams Encounter by Mid-level Provdr , 0 - 12 years
<b>EU</b>	P053203	BIRTHS_1.5-2.5KG_OTH_0-12	Live Births w/weight 1500-2500 grams Encounter by Other Provdr , 0 - 12 years
<b>EV</b>	P053301	BIRTHS_<1.5KG_DR_0-12	Live Births w/weight under 1500 grams Encounter by Physician Provdr , 0 - 12 years
<b>EW</b>	P053302	BIRTHS_<1.5KG_MID_0-12	Live Births w/weight under 1500 grams Encounter by Mid-level Provdr , 0 - 12 years
<b>EX</b>	P053303	BIRTHS_<1.5KG_OTH_0-12	Live Births w/weight under 1500 grams Encounter by Other Provdr , 0 - 12 years
<b>EY</b>	P053401	HIV-TEST_DR_>=20	HIV-test Encounter by Physician Provdr, 20 years and over
<b>EZ</b>	P053402	HIV-TEST_MID_>=20	HIV-test Encounter by Mid-level Provdr, 20 years and over
<b>FA</b>	P053403	HIV-TEST_OTH_>=20	HIV-test Encounter by Other Provdr, 20 years and over
<b>FB</b>	P053501	HIV-CNSL_DR_>=20	HIV-Counsel Encounter by Physician Provdr, 20 years and over
<b>FC</b>	P053502	HIV-CNSL_MID_>=20	HIV-Counsel Encounter by Mid-level Provdr, 20 years and over
<b>FD</b>	P053503	HIV-CNSL_OTH_>=20	HIV-Counsel Encounter by Other Provdr, 20 years and over
<b>FE</b>	P053601	HIV-TEST_DR_13-19	HIV-test Encounter by Physician Provdr, 13 - 19 years
<b>FF</b>	P053602	HIV-TEST_MID_13-19	HIV-test Encounter by Mid-level Provdr, 13 - 19 years
<b>FG</b>	P053603	HIV-TEST_OTH_13-19	HIV-test Encounter by Other Provdr, 13 - 19 years
<b>FH</b>	P053701	HIV-CNSL_DR_13-19	HIV-Counsel Encounter by Physician Provdr, 13 - 19 years
<b>FI</b>	P053702	HIV-CNSL_MID_13-19	HIV-Counsel Encounter by Mid-level Provdr, 13 - 19 years
<b>FJ</b>	P053703	HIV-CNSL_OTH_13-19	HIV-Counsel Encounter by Other Provdr, 13 - 19 years
<b>FK</b>	P053801	HIV-TEST_DR_0-12	HIV-test Encounter by Physician Provdr, 0 - 12 years
<b>FL</b>	P053802	HIV-TEST_MID_0-12	HIV-test Encounter by Mid-level Provdr, 0 - 12 years
<b>FM</b>	P053803	HIV-TEST_OTH_0-12	HIV-test Encounter by Other Provdr, 0 - 12 years
<b>FN</b>	P053901	HIV-CNSL_DR_0-12	HIV-Counsel Encounter by Physician Provdr, 0 - 12 years
<b>FO</b>	P053902	HIV-CNSL_MID_0-12	HIV-Counsel Encounter by Mid-level Provdr, 0 - 12 years
<b>FP</b>	P053903	HIV-CNSL_OTH_0-12	HIV-Counsel Encounter by Other Provdr, 0 - 12 years
<b>FQ</b>	P054001	SUBS-ABU_DR_>=20	Subs Abuse Encounter by Physician Provdr, 20 years and over
<b>FR</b>	P054002	SUBS-ABU_MID_>=20	Subs Abuse Encounter by Mid-level Provdr, 20 years and over
<b>FS</b>	P054003	SUBS-ABU_OTH_>=20	Subs Abuse Encounter by Other Provdr, 20 years and over
<b>FT</b>	P054101	SUBS-ABU_DR_13-19	Subs Abuse Encounter by Physician Provdr, 13 - 19 years
<b>FU</b>	P054102	SUBS-ABU_MID_13-19	Subs Abuse Encounter by Mid-level Provdr, 13 - 19 years
<b>FV</b>	P054103	SUBS-ABU_OTH_13-19	Subs Abuse Encounter by Other Provdr, 13 - 19 years
<b>FW</b>	P054201	SUBS-ABU_DR_0-12	Subs Abuse Encounter by Physician Provdr, 0 - 12 years

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>FX</b>	P054202	SUBS-ABU_MID_0-12	Subs Abuse Encounter by Mid-level Provdr, 0 - 12 years
<b>FY</b>	P054203	SUBS-ABU_OTH_0-12	Subs Abuse Encounter by Other Provdr, 0 - 12 years
<b>FZ</b>	P055901	SUB_TOT-B_ENCNR_DR_1	Encounter by Physician Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNR_DR)
<b>GA</b>	P055902	SUB_TOT-B_ENCNR_MID_1	Encounter by Mid-level Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNR_MID)
<b>GB</b>	P055903	SUB_TOT-B_ENCNR_OTH_1	Encounter by Other Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNR_OTH)
<b>GC</b>	P055904	SUB_TOT-B_ENCNR_DENT_1	Encounter by Dental Provdr., subtotal B (added to grand total see: TOT_A-B-C_ENCNR_DENT)
<b>GD</b>	P064301	TOBAC_EDUC_DR_>=20	Tobacco Educ Encounter by Physician Provdr, 20 years and over
<b>GE</b>	P064302	TOBAC_EDUC_MID_>=20	Tobacco Educ Encounter by Mid-level Provdr, 20 years and over
<b>GF</b>	P064303	TOBAC_EDUC_OTH_>=20	Tobacco Educ Encounter by Other Provdr, 20 years and over
<b>GG</b>	P064401	TOBAC_EDUC_DR_13-19	Tobacco Educ Encounter by Physician Provdr, 13 - 19 years
<b>GH</b>	P064402	TOBAC_EDUC_MID_13-19	Tobacco Educ Encounter by Mid-level Provdr, 13 - 19 years
<b>GI</b>	P064403	TOBAC_EDUC_OTH_13-19	Tobacco Educ Encounter by Other Provdr, 13 - 19 years
<b>GJ</b>	P064501	TOBAC_EDUC_DR_0-12	Tobacco Educ Encounter by Physician Provdr, 0 - 12 years
<b>GK</b>	P064502	TOBAC_EDUC_MID_0-12	Tobacco Educ Encounter by Mid-level Provdr, 0 - 12 years
<b>GL</b>	P064503	TOBAC_EDUC_OTH_0-12	Tobacco Educ Encounter by Other Provdr, 0 - 12 years
<b>GM</b>	P064604	DENT_DR_>=20	Dental Encounter by Physician Provdr 20 years and over
<b>GN</b>	P064704	DENT_DR_13-19	Dental Encounter by Physician Provdr 13 - 19 years
<b>GO</b>	P064804	DENT_DR_0-12	Dental Encounter by Physician Provdr 0 - 12 years
<b>GP</b>	P064901	REHAB_OT-PT_DR_>=20	Rehab (OT, PT) Encounter by Physician Provdr, 20 years and over
<b>GQ</b>	P064902	REHAB_OT-PT_MID_>=20	Rehab (OT, PT) Encounter by Mid-level Provdr, 20 years and over
<b>GR</b>	P064903	REHAB_OT-PT_OTH_>=20	Rehab (OT, PT) Encounter by Other Provdr, 20 years and over
<b>GS</b>	P065001	REHAB_OT-PT_DR_13-19	Rehab (OT, PT) Encounter by Physician Provdr, 13 - 19 years
<b>GT</b>	P065002	REHAB_OT-PT_MID_13-19	Rehab (OT, PT) Encounter by Mid-level Provdr, 13 - 19 years
<b>GU</b>	P065003	REHAB_OT-PT_OTH_13-19	Rehab (OT, PT) Encounter by Other Provdr, 13 - 19 years
<b>GV</b>	P065101	REHAB_OT-PT_DR_0-12	Rehab (OT, PT) Encounter by Physician Provdr, 0 - 12 years
<b>GW</b>	P065102	REHAB_OT-PT_MID_0-12	Rehab (OT, PT) Encounter by Mid-level Provdr, 0 - 12 years
<b>GX</b>	P065103	REHAB_OT-PT_OTH_0-12	Rehab (OT, PT) Encounter by Other Provdr, 0 - 12 years
<b>GY</b>	P065201	MENTAL-HLTH_DR_>=20	Mental Health Encounter by Physician Provdr, 20 years and over
<b>GZ</b>	P065202	MENTAL-HLTH_MID_>=20	Mental Health Encounter by Mid-level Provdr, 20 years and over
<b>HA</b>	P065203	MENTAL-HLTH_OTH_>=20	Mental Health Encounter by Other Provdr, 20 years and over
<b>HB</b>	P065301	MENTAL-HLTH_DR_13-19	Mental Health Encounter by Physician Provdr, 13 - 19 years
<b>HC</b>	P065302	MENTAL-HLTH_MID_13-19	Mental Health Encounter by Mid-level Provdr, 13 - 19 years
<b>HD</b>	P065303	MENTAL-HLTH_OTH_13-19	Mental Health Encounter by Other Provdr, 13 - 19 years
<b>HE</b>	P065401	MENTAL-HLTH_DR_0-12	Mental Health Encounter by Physician Provdr, 0 - 12 years
<b>HF</b>	P065402	MENTAL-HLTH_MID_0-12	Mental Health Encounter by Mid-level Provdr, 0 - 12 years
<b>HG</b>	P065403	MENTAL-HLTH_OTH_0-12	Mental Health Encounter by Other Provdr, 0 - 12 years
<b>HH</b>	P065501	OTH_HLTH_SVC_DR_>=20	Other Health svcs Encounter by Physician Provdr, 20 years and over
<b>HI</b>	P065502	OTH_HLTH_SVC_MID_>=20	Other Health svcs Encounter by Mid-level Provdr, 20 years and over
<b>HJ</b>	P065503	OTH_HLTH_SVC_OTH_>=20	Other Health svcs Encounter by Other Provdr, 20 years and over
<b>HK</b>	P065601	OTH_HLTH_SVC_DR_13-19	Other Health svcs Encounter by Physician Provdr, 13 - 19 years
<b>HL</b>	P065602	OTH_HLTH_SVC_MID_13-19	Other Health svcs Encounter by Mid-level Provdr, 13 - 19 years
<b>HM</b>	P065603	OTH_HLTH_SVC_OTH_13-19	Other Health svcs Encounter by Other Provdr, 13 - 19 years
<b>HN</b>	P065701	OTH_HLTH_SVC_DR_0-12	Other Health svcs Encounter by Physician Provdr, 0 - 12 years
<b>HO</b>	P065702	OTH_HLTH_SVC_MID_0-12	Other Health svcs Encounter by Mid-level Provdr, 0 - 12 years

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>HP</b>	P065703	OTH_HLTH_SVC_OTH_0-12	Other Health svcs Encounter by Other Provd, 0 - 12 years
<b>HQ</b>	P065801	SUB_TOT-C_ENCNR_DR_1	Encounter by Physician Provd., subtotal C (added to grand total see: TOT_A-B-C_ENCNR_DR)
<b>HR</b>	P065802	SUB_TOT-C_ENCNR_MID_1	Encounter by Mid-level Provd., subtotal C (added to grand total see: TOT_A-B-C_ENCNR_MID)
<b>HS</b>	P065803	SUB_TOT-C_ENCNR_OTH_1	Encounter by Other Provd, subtotal C (added to grand total: TOT_A-B-C_ENCNR_OTH)
<b>HT</b>	P065804	SUB_TOT-C_ENCNR_DENT_1	Encounter by Dental Provd., subtotal C (added to grand total see: TOT_A-B-C_ENCNR_DENT)
<b>HU</b>	P065901	SUB_TOT-B_ENCNR_DR_2	Encounter by Physician Provd., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNR_DR)
<b>HV</b>	P065902	SUB_TOT-B_ENCNR_MID_2	Encounter by Mid-level Provd., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNR_MID)
<b>HW</b>	P065903	SUB_TOT-B_ENCNR_OTH_2	Encounter by Other Provd., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNR_OTH)
<b>HX</b>	P065904	SUB_TOT-B_ENCNR_DENT_2	Encounter by Dental Provd., subtotal B Repeat (not added to grand total: TOT_A-B-C_ENCNR_DENT)
<b>HY</b>	P066001	SUB_TOT-A_ENCNR_DR_2	Encounter by Physician Provd., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNR_DR)
<b>HZ</b>	P066002	SUB_TOT-A_ENCNR_MID_2	Encounter by Mid-level Provd., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNR_MID)
<b>IA</b>	P066003	SUB_TOT-A_ENCNR_OTH_2	Encounter by Other Provd., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNR_OTH)
<b>IB</b>	P066004	SUB_TOT-A_ENCNR_DENT_2	Encounter by Dental Provd., subtotal A Repeat (not added to grand total: TOT_A-B-C_ENCNR_DENT)
<b>IC</b>	P066101	TOT_A-B-C_ENCNR_DR	Encounter by Physician Provd., Grand Total of subtotals A,B, and C
<b>ID</b>	P066102	TOT_A-B-C_ENCNR_MID	Encounter by Mid-level Provd., Grand Total of subtotals A,B, and C
<b>IE</b>	P066103	TOT_A-B-C_ENCNR_OTH	Encounter by Other Provd, Grand Total of subtotals A,B, and C
<b>IF</b>	P066104	TOT_A-B-C_ENCNR_DENT	Encounter by Dental Provd., Grand Total of subtotals A,B, and C

<b>DATA FILE 2</b>			
<b>A</b>	OSHPD_ID	OSHPD_ID	OSHPD Facility Number (9 digits & repeat of Field 1)
<b>B</b>	P070101	MCARE_PT_PAY	Patients, Medicare, Payer
<b>C</b>	P070102	MCARE_ENCNR_PAY	Encounters, Medicare, Payer
<b>D</b>	P070103	MCARE_FULL_CHG_PAY	Patient Charges (100% rate), Medicare, Payer
<b>E</b>	P070104	MCARE_COLL_PAY	Collections, Medicare, Payer
<b>F</b>	P070105	MCARE_WRITE_OFF_PAY	Write-offs/Adjustments, Medicare, Payer
<b>G</b>	P070106	MCARE_SLID_SCALE_PAY	Sliding Fee Scale Adj., Medicare, Payer
<b>H</b>	P070107	MCARE_FREE_COMP_PAY	Free/Complimentary, Medicare, Payer
<b>I</b>	P070108	MCARE_C_ADJ_PAY	Contractual Adjustments, Medicare, Payer
<b>J</b>	P070201	MCAL_PT_PAY	Patients, Medi-Cal, Payer
<b>K</b>	P070202	MCAL_ENCNR_PAY	Encounters, Medi-Cal, Payer
<b>L</b>	P070203	MCAL_FULL_CHG_PAY	Patient Charges (100% rate), Medi-Cal, Payer
<b>M</b>	P070204	MCAL_COLL_PAY	Collections, Medi-Cal, Payer
<b>N</b>	P070205	MCAL_WRITE_OFF_PAY	Write-offs/Adjustments, Medi-Cal, Payer
<b>O</b>	P070206	MCAL_SLID_SCALE_PAY	Sliding Fee Scale Adj., Medi-Cal, Payer
<b>P</b>	P070207	MCAL_FREE_COMP_PAY	Free/Complimentary, Medi-Cal, Payer
<b>Q</b>	P070208	MCAL_C_ADJ_PAY	Contractual Adjustments, Medi-Cal, Payer
<b>R</b>	P070301	SLIAG_PT_PAY	Patients, State Legalization Impact Assist., (SLIAG), Payer
<b>S</b>	P070302	SLIAG_ENCNR_PAY	Encounters, State Legalization Impact Assist., (SLIAG), Payer
<b>T</b>	P070303	SLIAG_FULL_CHG_PAY	Patient Charges (100% rate), State Legalization Impact Assist., (SLIAG), Payer
<b>U</b>	P070304	SLIAG_COLL_PAY	Collections, State Legalization Impact Assist., (SLIAG), Payer
<b>V</b>	P070305	SLIAG_WRITE_OFF_PAY	Write-offs/Adjustments, State Legalization Impact Assist., (SLIAG), Payer
<b>W</b>	P070306	SLIAG_SLID_SCALE_PAY	Sliding Fee Scale Adj., State Legalization Impact Assist., (SLIAG), Payer
<b>X</b>	P070307	SLIAG_FREE_COMP_PAY	Free/Complimentary, State Legalization Impact Assist., (SLIAG), Payer
<b>Y</b>	P070308	SLIAG_C_ADJ_PAY	Contractual Adjustments, State Legalization Impact Assist., (SLIAG), Payer

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>Z</b>	P070401	CHDP_PT_PAY	Patients, Child Hlth. Disab Treat., Payer
<b>AA</b>	P070402	CHDP_ENCNR_PAY	Encounters, Child Hlth. Disab Treat., Payer
<b>AB</b>	P070403	CHDP_FULL_CHG_PAY	Patient Charges (100% rate), Child Hlth. Disab Treat., Payer
<b>AC</b>	P070404	CHDP_COLL_PAY	Collections, Child Hlth. Disab Treat., Payer
<b>AD</b>	P070405	CHDP_WRITE_OFF_PAY	Write-offs/Adjustments, Child Hlth. Disab Treat., Payer
<b>AE</b>	P070406	CHDP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Child Hlth. Disab Treat., Payer
<b>AF</b>	P070407	CHDP_FREE_COMP_PAY	Free/Complimentary, Child Hlth. Disab Treat., Payer
<b>AG</b>	P070408	CHDP_C_ADJ_PAY	Contractual Adjustments, Child Hlth. Disab Treat., Payer
<b>AH</b>	P070501	MISP_PT_PAY	Patients, Med Indig. Adult Svc., Payer
<b>AI</b>	P070502	MISP_ENCNR_PAY	Encounters, Med Indig. Adult Svc., Payer
<b>AJ</b>	P070503	MISP_FULL_CHG_PAY	Patient Charges (100% rate), Med Indig. Adult Svc., Payer
<b>AK</b>	P070504	MISP_COLL_PAY	Collections, Med Indig. Adult Svc., Payer
<b>AL</b>	P070505	MISP_WRITE_OFF_PAY	Write-offs/Adjustments, Med Indig. Adult Svc., Payer
<b>AM</b>	P070506	MISP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Med Indig. Adult Svc., Payer
<b>AN</b>	P070507	MISP_FREE_COMP_PAY	Free/Complimentary, Med Indig. Adult Svc., Payer
<b>AO</b>	P070508	MISP_C_ADJ_PAY	Contractual Adjustments, Med Indig. Adult Svc., Payer
<b>AP</b>	P070601	CMSP_PT_PAY	Patients, Co. Med Svcs, Payer
<b>AQ</b>	P070602	CMSP_ENCNR_PAY	Encounters, Co. Med Svcs, Payer
<b>AR</b>	P070603	CMSP_FULL_CHG_PAY	Patient Charges (100% rate), Co. Med Svcs, Payer
<b>AS</b>	P070604	CMSP_COLL_PAY	Collections, Co. Med Svcs, Payer
<b>AT</b>	P070605	CMSP_WRITE_OFF_PAY	Write-offs/Adjustments, Co. Med Svcs, Payer
<b>AU</b>	P070606	CMSP_SLID_SCALE_PAY	Sliding Fee Scale Adj., Co. Med Svcs, Payer
<b>AV</b>	P070607	CMSP_FREE_COMP_PAY	Free/Complimentary, Co. Med Svcs, Payer
<b>AW</b>	P070608	CMSP_C_ADJ_PAY	Contractual Adjustments, Co. Med Svcs, Payer
<b>AX</b>	P070701	EAPC_PT_PAY	Patients, Expanded Acc. Prim Care, Payer
<b>AY</b>	P070702	EAPC_ENCNR_PAY	Encounters, Expanded Acc. Prim Care, Payer
<b>AZ</b>	P070703	EAPC_FULL_CHG_PAY	Patient Charges (100% rate), Expanded Acc. Prim Care, Payer
<b>BA</b>	P070704	EAPC_COLL_PAY	Collections, Expanded Acc. Prim Care, Payer
<b>BB</b>	P070705	EAPC_WRITE_OFF_PAY	Write-offs/Adjustments, Expanded Acc. Prim Care, Payer
<b>BC</b>	P070706	EAPC_SLID_SCALE_PAY	Siding Fee Scale Adj., Expanded Acc. Prim Care, Payer
<b>BD</b>	P070707	EAPC_FREE_COMP_PAY	Free/Complimentary, Expanded Acc. Prim Care, Payer
<b>BE</b>	P070708	EAPC_C_ADJ_PAY	Contractual Adjustments, Expanded Acc. Prim Care, Payer
<b>BF</b>	P070801	OTH_CO_PROG_PT_PAY	Patients, Other County, Payer
<b>BG</b>	P070802	OTH_CO_PROG_ENCNR_PAY	Encounters, Other County, Payer
<b>BH</b>	P070803	OTH_CO_PROG_FULL_CHG_PAY	Patient Charges (100% rate), Other County, Payer
<b>BI</b>	P070804	OTH_CO_PROG_COLL_PAY	Collections, Other County, Payer
<b>BJ</b>	P070805	OTH_CO_PROG_WRITE_OFF_PAY	Write-offs/Adjustments, Other County, Payer
<b>BK</b>	P070806	OTH_CO_PROG_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other County, Payer
<b>BL</b>	P070807	OTH_CO_PROG_FREE_COMP_PAY	Free/Complimentary, Other County, Payer
<b>BM</b>	P070808	OTH_CO_PROG_C_ADJ_PAY	Contractual Adjustments, Other County, Payer
<b>BN</b>	P070901	OTH_ST_PROG_PT_PAY	Patients, Other State, Payer
<b>BO</b>	P070902	OTH_ST_PROG_ENCNR_PAY	Encounters, Other State, Payer
<b>BP</b>	P070903	OTH_ST_PROG_FULL_CHG_PAY	Patient Charges (100% rate), Other State, Payer
<b>BQ</b>	P070904	OTH_ST_PROG_COLL_PAY	Collections, Other State, Payer

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>BR</b>	P070905	OTH_ST_PROG_WRITE_OFF_PAY	Write-offs/Adjustments, Other State, Payer
<b>BS</b>	P070906	OTH_ST_PROG_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other State, Payer
<b>BT</b>	P070907	OTH_ST_PROG_FREE_COMP_PAY	Free/Complimentary, Other State, Payer
<b>BU</b>	P070908	OTH_ST_PROG_C_ADJ_PAY	Contractual Adjustments, Other State, Payer
<b>BV</b>	P071001	PVT_INS_PT_PAY	Patients, Private Insurance, Payer
<b>BW</b>	P071002	PVT_INS_ENCNTR_PAY	Encounters, Private Insurance, Payer
<b>BX</b>	P071003	PVT_INS_FULL_CHG_PAY	Patient Charges (100% rate), Private Insurance, Payer
<b>BY</b>	P071004	PVT_INS_COLL_PAY	Collections, Private Insurance, Payer
<b>BZ</b>	P071005	PVT_INS_WRITE_OFF_PAY	Write-offs/Adjustments, Private Insurance, Payer
<b>CA</b>	P071006	PVT_INS_SLID_SCALE_PAY	Sliding Fee Scale Adj., Private Insurance, Payer
<b>CB</b>	P071007	PVT_INS_FREE_COMP_PAY	Free/Complimentary, Private Insurance, Payer
<b>CC</b>	P071008	PVT_INS_C_ADJ_PAY	Contractual Adjustments, Private Insurance, Payer
<b>CD</b>	P071101	SELF-PAY_PT_PAY	Patients, Self-pay, Payer
<b>CE</b>	P071102	SELF-PAY_ENCNTR_PAY	Encounters, Self-pay, Payer
<b>CF</b>	P071103	SELF-PAY_FULL_CHG_PAY	Patient Charges (100% rate), Self-pay, Payer
<b>CG</b>	P071104	SELF-PAY_COLL_PAY	Collections, Self-pay, Payer
<b>CH</b>	P071105	SELF-PAY_WRITE_OFF_PAY	Write-offs/Adjustments, Self-pay, Payer
<b>CI</b>	P071106	SELF-PAY_SLID_SCALE_PAY	Sliding Fee Scale Adj., Self-pay, Payer
<b>CJ</b>	P071107	SELF-PAY_FREE_COMP_PAY	Free/Complimentary, Self-pay, Payer
<b>CK</b>	P071109	SELF-PAY_BAD_DEBT_PAY	Bad Debt, Self-pay, Payer
<b>CL</b>	P071201	NON-PAY_PT_PAY	Patients, Non-pay, Payer
<b>CM</b>	P071202	NON-PAY_ENCNTR_PAY	Encounters, Non-pay, Payer
<b>CN</b>	P071203	NON-PAY_FULL_CHG_PAY	Patient Charges (100% rate), Non-pay, Payer
<b>CO</b>	P071205	NON-PAY_WRITE_OFF_PAY	Write-offs/Adjustments, Non-pay, Payer
<b>CP</b>	P071207	NON-PAY_FREE_COMP_PAY	Free/Complimentary, Non-pay, Payer
<b>CQ</b>	P071401	OTH_PAYER_PT_PAY	Patients, Other Payer
<b>CR</b>	P071402	OTH_PAYER_ENCNTR_PAY	Encounters, Other Payer
<b>CS</b>	P071403	OTH_PAYER_FULL_CHG_PAY	Patient Charges (100% rate), Other Payer
<b>CT</b>	P071404	OTH_PAYER_COLL_PAY	Collections, Other Payer
<b>CU</b>	P071405	OTH_PAYER_WRITE_OFF_PAY	Write-offs/Adjustments, Other Payer
<b>CV</b>	P071406	OTH_PAYER_SLID_SCALE_PAY	Sliding Fee Scale Adj., Other Payer
<b>CW</b>	P071407	OTH_PAYER_FREE_COMP_PAY	Free/Complimentary, Other Payer
<b>CX</b>	P071408	OTH_PAYER_C_ADJ_PAY	Contractual Adjustments, Other Payer
<b>CY</b>	P071501	PT_TOT_PAY	Patients, All Payers, Total
<b>CZ</b>	P071502	ENCNTR_TOT_PAY	Encounters, All Payers, Total
<b>DA</b>	P071503	FULL_CHG_TOT_PAY	Patient Charges (100% rate), All Payers, Total
<b>DB</b>	P071504	COLL_TOT_PAY	Collections, All Payers, Total
<b>DC</b>	P071505	WRITE_OFF_TOT_PAY	Write-offs/Adjustments, All Payers, Total
<b>DD</b>	P071506	SLID_SCALE_TOT_PAY	Sliding Fee Scale Adj., All Payers, Total
<b>DE</b>	P071507	FREE_COMP_TOT_PAY	Free/Complimentary, All Payers, Total
<b>DF</b>	P071508	C_ADJ_TOT_PAY	Contractual Adjustments, All Payers, Total
<b>DG</b>	P071509	BAD_DEBT_TOT_PAY	Bad Debt, All Payers, Total
<b>DH</b>	P080101	EXP_SAL	Salaries, expense
<b>DI</b>	P080201	EXP_SUPP_OFC	Supplies-Office, expense

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>DJ</b>	P080301	EXP_SUPP_MED-DENT	Supplies-Medical/Dental, expense
<b>DK</b>	P080401	EXP_RENT_DEPRC	Rent/Mortgage, deprec. Interest, expense
<b>DL</b>	P080501	EXP_UTIL	Utilities, expense
<b>DM</b>	P080601	EXP_OTH	Other, expense
<b>DN</b>	P080701	EXP_TOT	Total Expenses (Operating Costs)
<b>DO</b>	P081003	NET_PT_RV_TOT	Net Patient Revenue, Total
<b>DP</b>	P081201	NETRV_FED-CON	Net Rev, Contract, Federal source
<b>DQ</b>	P081202	NETRV_FED-GNT	Net Rev, Grant, Federal source
<b>DR</b>	P081203	NETRV_FED_TOT	Net Rev, Total Federal Contract/Grant
<b>DS</b>	P081301	NETRV_ST-CON	Net Rev, Contract, State source
<b>DT</b>	P081302	NETRV_ST-GNT	Net Rev, Grant, State source
<b>DU</b>	P081303	NETRV_ST-GNT_TOT	Net Rev, Total State Contract/Grant
<b>DV</b>	P081401	NETRV_CO-CON	Net Rev, Contract, County source
<b>DW</b>	P081402	NETRV_CO-GNT	Net Rev, Grant, County source
<b>DX</b>	P081403	NETRV_CO-GNT_TOT	Net Rev, Total County Contract/Grant
<b>DY</b>	P081501	NETRV_LOC-CON	Net Rev, Grant, Local source
<b>DZ</b>	P081502	NETRV_LOC-GNT	Net Rev, Total Local Contract/Grant
<b>EA</b>	P081503	NETRV_LOC-GNT_TOT	Net Rev, Total Private/Other Contract/Grant
<b>EB</b>	P081601	NETRV_OTH-CON	Net Rev, Contract, Other source
<b>EC</b>	P081602	NETRV_OTH-GNT	Net Rev, Grant, Other source
<b>ED</b>	P081603	NETRV_OTH-GNT_TOT	Net Rev, Total Other Contract/Grant
<b>EE</b>	P081703	NETRV_HMO_TOT	Net Rev, Total HMO
<b>EF</b>	P081803	DONAT_CONTR_TOT	Total Donations/Contributions
<b>EG</b>	P081903	OP_REV_GRAND_TOT	Total Operating Revenue
<b>EH</b>	P082003	EXP_TOT	Operating Expenses
<b>EI</b>	P082103	NET_FRM_OP	Net from Operations
<b>EJ</b>	P090101	SVC_OUTREACH	Outreach svcs. provided, number contacts
<b>EK</b>	P090201	SVC_COMM_EDUC	Community Education svcs. provided, number contacts
<b>EL</b>	P090301	SVC_SOC_SVC	Social Services svcs. provided, number contacts
<b>EM</b>	P090401	SVC_SUBS_ABU	Substance Abuse svcs. provided, number contacts
<b>EN</b>	P090501	SVC_VOC_TRN	Vocational Training/Placement svcs. provided, number contacts
<b>EO</b>	P090601	SVC_DISAS_RELF	Disaster Relief svcs. provided, number contacts
<b>EP</b>	P090701	SVC_CHLD_CARE	Child Care svcs. provided, number contacts
<b>EQ</b>	P090801	SVC_LEGAL	Legal svcs. provided, number contacts
<b>ER</b>	P090901	SVC_ENVIR_HLTH	Environmental Health svcs. provided, number contacts
<b>ES</b>	P091001	SVC_TRANSPORT	Transportation svcs. provided, number contacts
<b>ET</b>	P091101	SVC_COMM_NUTR	Community Nutrition svcs. provided, number contacts
<b>EU</b>	P091201	SVC_ADULT_DAY	Adult Day Care svcs. provided, number contacts
<b>EV</b>	P091301	SVC_HOMELESS	Homeless svcs. provided, number contacts
<b>EW</b>	P091401	SVC_OTH	Other svcs. provided, number contacts
<b>EX</b>	P091501	BILINGUAL_SVC	Bilingual/multilingual services provided (1=yes)
<b>EY</b>	P091601	ARMEN_LANG_STF	Armenian spoken by staff
<b>EZ</b>	P091701	ARAB_LANG_STF	Arabic spoken by staff
<b>FA</b>	P091801	CANTON_LANG_STF	Chinese (Cantonese) spoken by staff

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>FB</b>	P091901	MANDAR_LANG_STF	Chinese (Mandarin) spoken by staff
<b>FC</b>	P092001	FR_LANG_STF	French spoken by staff
<b>FD</b>	P092101	GER_LANG_STF	German spoken by staff
<b>FE</b>	P092201	HINDU_LANG_STF	Hindustani spoken by staff
<b>FF</b>	P092301	JAPAN_LANG_STF	Japanese spoken by staff
<b>FG</b>	P092401	KOREA_LANG_STF	Korean spoken by staff
<b>FH</b>	P092501	PORTUG_LANG_STF	Portuguese spoken by staff
<b>FI</b>	P092601	PUNJA_LANG_STF	Punjabi spoken by staff
<b>FJ</b>	P092701	SIGN_LANG_STF	Sign Language spoken by staff
<b>FK</b>	P092801	SPAN_LANG_STF	Spanish spoken by staff
<b>FL</b>	P092901	TAGALOG_LANG_STF	Tagalog spoken by staff
<b>FM</b>	P093001	VIETN_LANG_STF	Vietnamese spoken by staff
<b>FN</b>	P093101	OTH_LANG_STF	Other languages spoken by staff
<b>FO</b>	P094101	ENG_NOT_PRIM_PT_%	English Not Primary Language (% Patients)
<b>FP</b>	P094201	LANG_IF_ENG_NOT_PRIM	Primary Spoken Language, if not English
<b>FQ</b>	P100301	DISEASE_COMMUNIC_RPTD	Reportable Communicable Diseases, number
<b>FR</b>	P100401	IMMUNIZATIONS	Immunizations, number
<b>FS</b>	P100501	ASSESSMENTS	Assessments, number
<b>FT</b>	P100601	CHDP_MED_TREAT	Child Hlth & Dis Preven Medical svc - Treatments
<b>FU</b>	P100701	CHDP_MED_REF	Child Hlth & Dis Preven Medical svc - Referrals
<b>FV</b>	P100801	CHDP_MED_FOLL	Child Hlth & Dis Preven Medical svc - Follow-ups
<b>FW</b>	P100901	CHDP_DENT_TREAT	Child Hlth & Dis Preven Dental svc - Treatments
<b>FX</b>	P101001	CHDP_DENT_REF	Child Hlth & Dis Preven Dental svc - Referrals
<b>FY</b>	P101101	CHDP_DENT_FOLL	Child Hlth & Dis Preven Dental svc - Follow-ups
<b>FZ</b>	P101201	CHDP_OTH_TREAT	Child Hlth & Dis Preven Other svc - Treatments
<b>GA</b>	P101301	CHDP_OTH_REF	Child Hlth & Dis Preven Other svc - Referrals
<b>GB</b>	P101401	CHDP_OTH_FOLL	Child Hlth & Dis Preven Other svc - Follow-ups
<b>GC</b>	P101501	ASIAN_PT	Asian patient, number
<b>GD</b>	P101601	BLACK_PT	Black patient, number
<b>GE</b>	P101701	WHITE_PT	White patient, number
<b>GF</b>	P101801	HISPANIC_PT	Hispanic patient, number
<b>GG</b>	P101901	FILIPINO_PT	Filipino patient, number
<b>GH</b>	P102001	NATIVE AMERICAN_PT	Native American patient, number
<b>GI</b>	P102101	PACIFIC ISLANDER_PT	Pacific Islander patient, number
<b>GJ</b>	P102201	PT_RACE_UNREPT	Unreported or unknown race/ethnicity of patient, number
<b>GK</b>	P102301	TOT_PT	Total patient, number
<b>GL</b>	P102401	M_<1_YR	Male, Under 1 year
<b>GM</b>	P102402	F_<1_YR	Female, Under 1 year
<b>GN</b>	P102501	M_1-4_YR	Male, 1-4 years
<b>GO</b>	P102502	F_1-4_YR	Female, 1-4 years
<b>GP</b>	P102601	M_5-12_YR	Male, 5-12 years
<b>GQ</b>	P102602	F_5-12_YR	Female, 5-12 years
<b>GR</b>	P102701	M_13-19_YR	Male, 13 - 19 years
<b>GS</b>	P102702	F_13-19_YR	Female, 13 - 19 years

**PRIMARY CARE CLINICS**  
**Documentation for Using the 1997 Database**

<b>Sprdsht</b>	<b>Page, Line, &amp;</b>		
<b>Columns</b>	<b>Column No.</b>	<b>Field Name</b>	<b>Field Descriptions and Code Definitions</b>
<b>GT</b>	P102801	M_20-34_YR	Male, 20-34 years
<b>GU</b>	P102802	F_20-34_YR	Female, 20-34 years
<b>GV</b>	P102901	M_35-44_YR	Male, 35-44 years
<b>GW</b>	P102902	F_35-44_YR	Female, 35-44 years
<b>GX</b>	P103001	M_45-64_YR	Male, 45-64 years
<b>GY</b>	P103002	F_45-64_YR	Female, 45-64 years
<b>GZ</b>	P103101	M_>=65_YR	Male, 65 years & older
<b>HA</b>	P103102	F_>=65_YR	Female, 65 years & older
<b>HB</b>	P103201	TOT_M	Male, total
<b>HC</b>	P103202	TOT_F	Female, total
<b>HD</b>	P103401	POV_<100%	Poverty level below 100%, patient
<b>HE</b>	P103501	POV_100-200%	Poverty level 100-200%, patient
<b>HF</b>	P103601	POV_>200%	Poverty level over 200%, patient
<b>HG</b>	P103701	TOT_POV_PT	Poverty level, patients



## **Appendix A**

California Counties

## APPENDIX A

### COUNTIES OF CALIFORNIA NAMES AND CODE NUMBERS

COUNTY		COUNTY		COUNTY	
<u>#</u>	<u>Name</u>	<u>#</u>	<u>Name</u>	<u>#</u>	<u>Name</u>
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	El Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

## **Appendix B**

### Annual Utilization Report of Primary Care Clinics

(Blank copy of reporting form)

State of California Health and Welfare Agency  
ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 1997

Licensed Community and Free Clinics

STATE USE ONLY

Page 0, Line 1

Col. 3

STATUS

Return **BY FEBRUARY 15, 1998** to:  
Office of Statewide Health Planning  
and Development  
Licensed Services Data Section  
818 K Street, Rm. 500  
Sacramento, CA 95814

Completion of this "Annual Report of Clinics" is required by Sections 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15, may result in suspension of the facility's license.

**Please refer to the instructions as you complete the form. If you have any questions or need assistance in completing the form, please contact this Section at (916) 322-7422.**

*I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility and the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.*

\_\_\_\_\_  
Administrator's Name (Please Print)

\_\_\_\_\_  
Name of person completing form and /or contact person  
for any follow-up questions (Please Print)

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Print Title and Department of Person Responsible for the  
Report

\_\_\_\_\_  
Date

(     )  
Area Code                      Phone                      Ext.

3. (     )  
Area Code                      Facility Phone Number

(     )  
Area Code                      FAX Number

DATES OF OPERATION

A. COMPLETE THIS LINE ONLY IF YOUR FACILITY HAS DELICENSED (CLOSED), WENT INTO SUSPENSE, NEWLY OPENED OR CHANGED LICENSEE/OWNERSHIP IN 1997.

11. FROM

Col. 1

MonthDay

THROUGH

Col. 2

MonthDay

B. PATIENTS AND ENCOUNTERS IN THE CALENDAR YEAR

Please report the total number of individual, non-duplicated patients served and the total number of encounters for these patients. Please refer to the INSTRUCTIONS for further detail.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, all locations under this license (Main, Mobile, Satellite, etc.) 19		

Please report the total number of patients and encounters (included above) for farm workers and their dependents.

	PATIENTS Col. 1	ENCOUNTERS Col. 2
TOTAL, Farm workers and dependents 20		

Enter the number of volunteers used during the calendar year .....21\_\_\_\_\_

Enter a 1 if your clinic is a 95-210 clinic .....22\_\_\_\_\_

Enter a 1 if your clinic is a FQHC .....23\_\_\_\_\_

Enter a 1 if your clinic is a FQHC "look-alike" .....24\_\_\_\_\_

Enter a 1 if your clinic provided medical support services to a school system.....25\_\_\_\_\_

Enter a 1 if you have a written agreement with an agency to provide or arrange services.....26\_\_\_\_\_

MAJOR CAPITAL EXPENDITURES

The collection of this data is mandated by Section 127285(c) of the Health and Safety Code, in order to track the effects of CON deregulation since 1984.

List each acquisition of diagnostic or therapeutic equipment over **\$500,000** in Table A below.

**Table A**

DIAGNOSTIC/THERAPEUTIC EQUIPMENT ACQUIRED			Date of Acquisition	MEANS OF ACQUISITION  1 = Purchase 2 = Lease 3 = Donation 4 = Other Col. 4
Line	Market Value  Col. 1	OSHPD PROJECT NUMBER  Col. 2		
2				

List the building project(s) your facility commenced during the calendar year in Table B below. List those which require an aggregate capital expenditure of **\$1,000,000**.

**Table B**

PROJECTS OVER \$1,000,000 COMMENCED DURING THE CALENDAR YEAR		
Line	Projected Total Capital Expenditure Col. 1	OSHPD PROJECT NUMBER Col. 2
21		
22		

**PRIMARY CARE PRACTITIONERS**

Enter the number of full time equivalent *licensed or certified* Primary Care Practitioners providing care in the clinic in Table C below.

**Table C**

Line	FTE Primary Care Practitioners	Number of FTEs
23	Physicians	
24	Physician Assistants	
25	Family Nurse Practitioners	
26	Certified Nurse Midwives	
27	Home Health Nurses or Visiting Nurses	
28	Dentists	

**Table D: Service Delivery and Number of Encounters by Providers**

## ANNUAL UTILIZATION REPORT OF CLINICS

Enter Nine Digit I.D. |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|

Line	SERVICE TYPE	Number of Encounters by <b>Physician Providers</b> <b>Col. 1</b>	Number of Encounters by <b>Mid-Level Providers</b> <b>Col. 2</b>	Number of Encounters by <b>Other Providers</b> <b>Col. 3</b>	Number of Encounters by <b>Dental Providers</b> <b>Col. 4</b>
	A. General Medical Services				
1	Adults (Age 20+ )				
2	Adolescents (Age 13-19)				
3	Pediatrics (Age 0-12)				
	B. Preventive Adult Health Services (Age 20+ )				
4	Perinatal Services				
5	Public Health Services				
6	All Other Preventive Services				
	C. Preventive Adolescent Health Services (Age 13-19)				
7	Perinatal Services				
8	Public Health Services				
9	All Other Preventive Services				
	D. Preventive Pediatric Health Services (Age 0-12)				
10	Perinatal Services				
11	Public Health Services				
12	All Other Preventive Services				
	E. Family Planning Services (Including vasectomies)				
13	Adults (Age 20+ )				
14	Adolescents (Age 13-19)				
15	Pediatrics (Age 0-12)				
	F. Abortions				
16	Adults (Age 20+ )				
17	Adolescents (Age 13-19)				
18	Pediatrics (Age 0-12)				
	G. Sexually Transmitted Diseases (Excluding HIV)				
19	Adults (Age 20+ )				
20	Adolescents (Age 13-19)				
21	Pediatrics (Age 0-12)				
60*	<b>TOTAL PAGE 4*</b>				

\*All Column totals must equal Page 6, Line 60.

**Table D: Service Delivery and Number of Encounters by Providers (Cont.)**

Line	SERVICE TYPE	Number of Encounters by Physician Providers Col. 1	Number of Encounters by Mid-Level Providers Col. 2	Number of Encounters by Other Providers Col. 3	Number of Encounters by Dental Providers Col. 4
	H. Maternity Care/Delivery Services - Adult (Age 20+ )				
22	Prenatal				
23	Total Live Births				
24	Live Births 1500 - 2500 grams				
25	Live Births less than 1500 grams				
	I. Maternity Care/Delivery Services - Adolescent (Age 13-19)				
26	Prenatal				
27	Total Live Births				
28	Live Births 1500 - 2500 grams				
29	Live Births less than 1500 grams				
	J. Maternity Care/Delivery Services - Pediatrics (Age 0-12)				
30	Prenatal				
31	Total Live Births				
32	Live Births 1500 - 2500 grams				
33	Live Births less than 1500 grams				
	K. HIV Services - Adult (Age 20+ )				
34	Testing				
35	Counseling				
	L. HIV Services - Adolescent (Age 13-19)				
36	Testing				
37	Counseling				
	M. HIV Services - Pediatrics (Age 0-12)				
38	Testing				
39	Counseling				
	N. Substance Abuse (alcohol and drug)				
40	Adults (Age 20+ )				
41	Adolescents (Age 13-19)				
42	Pediatrics (Age 0-12)				
59*	<b>TOTAL PAGE 5*</b>				

\*All Column totals must equal Page 6, Line 59



**Table D: Service Delivery and Number of Encounters by Providers (Cont.)**

Line	SERVICE TYPE	Number of Encounters by Physician Providers Col. 1	Number of Encounters by Mid-Level Providers Col. 2	Number of Encounters by Other Providers Col. 3	Number of Encounters by Dental Providers Col. 4
	O. Tobacco Cessation and Education				
43	Adults (Age 20+ )				
44	Adolescents (Age 13-19)				
45	Pediatrics (Age 0-12)				
	P. Dental Services				
46	Adults (Age 20+ )				
47	Adolescents (Age 13-19)				
48	Pediatrics (Age 0-12)				
	Q. Rehabilitation Services (Occupational or physical therapy, speech therapy, related medical, home health)				
49	Adults (Age 20+ )				
50	Adolescents (Age 13-19)				
51	Pediatrics (Age 0-12)				
	R. Mental Health Services				
52	Adults (Age 20+ )				
53	Adolescents (Age 13-19)				
54	Pediatrics (Age 0-12)				
	S. Other Health Services***				
55	Adults (Age 20+ )				
56	Adolescents (Age 13-19)				
57	Pediatrics (Age 0-12)				
58	<b>TOTAL PAGE 6</b>				
59	<b>TOTAL PAGE 5</b>				
60	<b>TOTAL PAGE 4</b>				
61	<b>GRAND TOTAL</b> (Pages 4, 5 & 6) @				

\*\*\* INCLUDES: but not limited to: Optometry, Chiropractic, Acupuncture, Audiology and Podiatrist

@ Page 6, Line 61 (all columns): encounters from all columns must equal Page 2, Line 19, Column 2

FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR

Table E -- Please round to the nearest dollar, do not enter cents! Do not fill in shaded areas!

							Breakout of Write-offs/Adjustments (Col. 5)			
Line	Charges/Revenues By Payment Source	Number Of Patients  COL. 1	Encounters Provided  COL. 2	Charges: 100% Rate  COL. 3	Revenues  COL. 4	Write- offs/ Adjust- Ments  COL. 5	Sliding Fee Scale Write-offs  COL. 6	Free/ Comple- mentary  COL. 7	Contractual Adjustments  COL. 8	Bad Debt  COL. 9
1	Medicare									
2	Medi-Cal**									
3	SLIAG									
4	CHDP									
5	MISP									
6	CMSP									
7	EAPC									
8	Other County Programs									
9	Other State Programs (Excluding WIC)									
10	Pvt Ins Patients									
11	Patient Pay									
12	Non-Pay (Free) Pts									
13										
14	All Other Payers									
15	Totals									

Report the following for each funding source for encounters taking place January through December of the reporting year only:

COL 1) Number of patients receiving services funded by that source

COL 2) Number of encounters

COL 3) Amount clinic would normally charge at full rates for services provided during the reporting year only. **Exceptions: for such programs as 95-210 or 95-210 look-alike, where the reimbursement is greater than the clinic 100% charge, use program reimbursement rate. In this case there will be no Write-off/Adjustments.** Also report the value of free services provided by Free clinics in this column.

COL 4) Revenues collected and anticipated to be collected for the reporting year encounters only (COL 2). This does not include payments received for services provided in years prior to the reporting year. See "Aging of Accounts" below. There can be no negative numbers on this page.

COL 5) Total amount of write-offs and adjustments (sum of Columns 6-9) for services provided during the reporting year only. (See "Aging of Accounts" below.)

COL 6) Amount written off due to sliding-fee (income-determined) adjustments for services provided during the reporting year only. Eligibility determinations made by other programs, such as Medi-Cal, may be used to supplement the clinic's sliding fee scale process if based on written policy of the clinic and approved by the clinic's governing board.

COL 7) Amount of free services provided during the reporting year. Free services are those provided at no cost to clients.

COL 8) Contractual Adjustment is the difference between the facility's 100% charge for a service or procedure and the lessor amount received because of a contractual agreement between the clinic and the Third Party Payer.

COL 9) Bad Debt is the amount not received when payment is expected. Bad debt includes unpaid sliding fee scale payments and patient co-payments.

**COLUMN 3= SUM OF COLUMNS 4+ 5**  
**COLUMN 5= SUM OF COLUMNS 6+ 7+ 8+ 9**

**\*\*Medi-Cal includes 95-210**

**Aging of Accounts: For Columns 4, 5, 8, and 9, age medical receivables to estimate (from historical experience) the amounts attributable to each respective column.**

FINANCIAL & UTILIZATION DATA FOR CALENDAR YEAR

COMPUTATION OF OPERATING COST

Table F: Total Annual Operating Costs (expenses) for the clinic.

Line	OPERATING COSTS	Column 1
1	Salaries, Wages & Benefits	
2	Supplies – Office	
3	Supplies – Medical & Dental	
4	Rent/Mortgage	
5	Utilities	
6	Other	
7	TOTAL Operating Costs*	

Please SPECIFY Other (Line 6) if \$ amount is more than 10% of total Operating Costs (Line 7). Use space above.

\*Enter this amount on Line 20, Column 3, below.

COMPUTATION OF NET OPERATING REVENUE

Table G

Line	REVENUE SOURCES	CONTRACT Col. 1	GRANT Col. 2	TOTAL Col. 3
10	NET PATIENT REVENUE (use page 7, line 15, column 4)			
	A. INSTITUTIONAL SUPPORT			
12	Federal			
13	State			
14	County			
15	Local			
16	Private/Other			
17	HMO			
18	Donations/Contributions			
19	Total Operating Revenue			
20	Less: Operating Expenses			
21	NET FROM OPERATIONS			

**Other Community Services Provided**

Provide a contact count for the following services in Column 1.

**Remember: a contact is not a patient or an encounter and may be duplicated.**

**Table H**

Line		Number of Contacts Col. 1		Line		Number of Contacts Col. 1
1	Outreach			8	Legal	
2	Community Education			9	Environmental Health	
3	Social Services			10	Transportation	
4	Substance Abuse			11	Community Nutrition	
5	Vocational Training/Placement			12	Adult Day Care	
6	Disaster Relief			13	Homeless	
7	Child Care			14	Other, Specify:	

**Languages Spoken By Clinic Staff (Other Than English)**

Enter the number 1 if your facility provides bilingual or multilingual services ..... 15\_\_\_\_\_

**NOTE: Enter the number 1 by the appropriate column for each language.**

**Table I**

Line		Col. 1		Line		Col. 1
16	Armenian			24	Korean	
17	Arabic			25	Portuguese	
18	Chinese (Cantonese)			26	Punjabi	
19	Chinese (Mandarin)			27	Sign Language	
20	French			28	Spanish	
21	German			29	Tagalog	
22	Hindustani			30	Vietnamese	
23	Japanese			31	Other, Specify:	

**PATIENT PROFILE**

PLEASE PROVIDE THE PERCENTAGE of your patient population that does not speak English  
(Round to the nearest WHOLE percent) ..... 41\_\_\_\_\_

What is the primary language, of the percentage indicated on line 41, spoken by your patient population ..... 42\_\_\_\_\_

**NOTE: Use the languages and number on Table I**

## PLEASE READ INSTRUCTIONS!

TABLE J.

Line	ADDITIONAL SERVICE INFORMATION	NUMBER OF ENCOUNTERS Col. 1
3	Reportable Communicable Diseases	
4	Immunizations	
5	<b>CHDP Assessments</b>	
<b>CHDTP Medical Services</b>		
6	Treatments	
7	Referrals-Out	
8	Referrals-In	
<b>CHDTP Dental Services</b>		
9	Treatments	
10	Referrals-Out	
11	Referrals-In	
<b>CHDTP Other Services</b>		
12	Treatments	
13	Referrals-Out	
14	Referrals-In	

TABLE K.

Line	RACE/ETHNICITY Unduplicated Patients	NUMBER OF PATIENTS Col. 1
15	Asian	
16	Black	
17	White	
18	Hispanic	
19	Filipino	
20	Native American	
21	Pacific Islander	
22	Other Non-white	
23	TOTAL @	

@Total must equal Page 2, Line 19, Col. 1

TABLE L.

Line	AGE CATEGORIES Unduplicated Patients	# of Males Col. 1	# of Females Col. 2
24	Under 1 year		
25	1-4 years		
26	5-12 years		
27	13-19 years		
28	20-34 years		
29	35-44 years		
30	45-64 years		
31	65 and over		
32	TOTAL @		

@Total from Col. 1 + Col. 2 must equal Page 2, Line 19, Col. 1

TABLE M.

Line	# AT POVERTY LEVEL* OF UNDUPLICATED PATIENTS	NUMBER OF PATIENTS Col. 1
34	Below 100%	
35	100 - 200%	
36	Above 200%	
37	TOTAL @	

\*Based on yearly income

@Total must equal Page 2, Line 19, Col. 1